

ACCIDENT PREVENTION PROGRAM ANALYSIS (cont.)

Serial number of
basic analysis form

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III. SUMMARY OF EVALUATION AND RECOMMENDATIONS

All items rated 1 or 2 in Section II must be listed here in sufficient detail to clearly show the deficiency and appropriate recommendations for improvement (e.g., if PPE is lacking, show the PPE involved and the specific problem with it). Include any other recommendations or comments that will assist the employer in reducing injuries or accidents. Comments concerning commendable areas of the employer's program may also be included.

IV. APPROVALS

1. This firm meets current accident prevention requirements.

☐ Yes

☐ No

Education Rep
Signature

2. Supervisor's signature indicates that the report
contents are adequate and acceptable.

Supervisor
Signature

Remarks